

## IHSS/Authorized Representative Designation

In-Home Support Services (IHSS) allows recipients of the HCBS/EBD Waiver to designate another person to assist with skills that are necessary to participate in IHSS. IHSS recipients can select, schedule, train and direct their in-home support services through an Authorized Representative.

### Participant:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Medicaid ID Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Authorized Representative:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

E-mail Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant

Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Representative

Signature \_\_\_\_\_ Date \_\_\_\_\_

IHSS Agency

Signature \_\_\_\_\_ Date \_\_\_\_\_

Case Manager

*(2) "Authorized Representative" means an individual designated by the eligible person receiving services, or by the parent or guardian receiving services, if appropriate, who has the judgment and ability to assist the eligible person receiving services in acquiring and utilizing services... The extent of the authorized representative's involvement shall be determined upon designation. The authorized representative shall not be the eligible person's service provider.*

C.R.S. 26-4-1402